

COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL,
DIVISIONAL, CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: (check one applicable item below)

☐ original
☐ design
☐ supplemental

NOTE: If the declaration is for an international Application being filed as a divisional, continuation or continuation-in-part application do not check next item; check appropriate one of last three items.

☐ national stage of PCT

NOTE: If one of the follow 3 items apply then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP.

☐ divisional
☐ continuation
☒ continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

WARNING: If the inventors are each not the inventors of all the claims an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SULFATION-INDEPENDENT L-SELECTIN LIGAND
(SILL) AND THERAPEUTICS THEREOF

SPECIFICATION IDENTIFICATION

the specification of which: (complete (a), (b) or (c))

(a) ☒ is attached hereto.
(b) ☐ was filed on _____ as _____ Serial No. 08/_____ or
Express Mail No., as Serial No. not yet known _____
and was amended on _____ (if applicable).

NOTE: Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67.

0152.00152

667270-97135650

(c) _____ was described and claimed in PCT International Application No. _____
_____ filed on _____ and as amended under PCT Article 19 on _____
_____ (if any).

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations. § 1.56(a).

_____ In compliance with this duty there is attached an information disclosure statement 37 CFR 1.97.

PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

(d) ☒ no such applications have been filed.

(e) _____ such applications have been filed as follows

NOTE: Where item (c) is entered above and the International Application which designated the U.S. claimed priority check item (e), enter the details below and make the priority claim.

EARLIEST FOREIGN APPLICATION(S), IF ANY FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIM UNDER 35 USC 119
			___ YES ___ NO
			___ YES ___ NO
			___ YES ___ NO
			___ YES ___ NO
			___ YES ___ NO

ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Kenneth I. Kohn Reg. No. 30,955
Ilene N. Montgomery Reg. No. 38,972

SEND CORRESPONDENCE TO

DIRECT TELEPHONE CALLS TO:
(NAME AND TELEPHONE NUMBER)

Kenneth I. Kohn
Kohn & Associates
30500 Northwestern Hwy
Suite 410
Farmington Hills, MI 48334

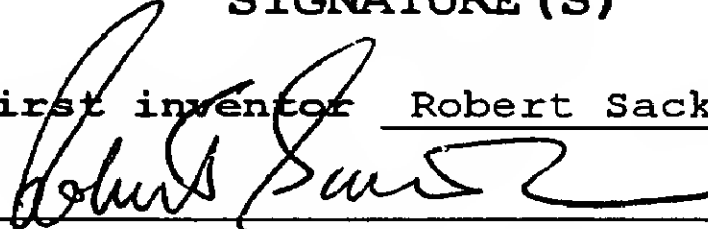
Kenneth I. Kohn
(810) 539-5050

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE (S)

Full name of sole or first inventor Robert Sackstein

Inventor's signature 

Date 9/18/96 Country of Citizenship USA

Residence Tampa, Florida 33613

Post Office Address 1003 Bajada De Avila

Tampa, Florida 33613

Full name of second joint inventor, if any _____

Inventor's signature _____

Date _____ Country of Citizenship _____

Residence _____

Post Office Address _____

09353116.0719
667220.9778560

CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED
PAGE(S) WHICH FORM A PART OF THIS DECLARATION

____ Signature for third and subsequent joint inventors. Number of
pages added ____

____ Signature by administrator(trix), executor(trix) or legal
representative for deceased or incapacitated inventor. Number of
pages added ____

____ Signature for inventor who refuses to sign or cannot be reached
by person authorized under 37 CFR 1.47. Number of pages
added ____

* * *

X Added pages to combined declaration and power of attorney for
divisional, continuation, or continuation-in-part (CIP)
application.

X Number of pages added 1

* * *

____ Authorization of attorney(s) to accept and follow instructions
from representative.

* * *

If no further pages form a part of this Declaration then end this
Declaration with this page and check the following item

____ This declaration ends with this page.

0935215-072199

Attorney's Docket Number: 0152.00344

Applicant or Patentee: Sackstein

Serial or Patent No: Filed Herewith

Filed or Issued: Filed Herewith

Title: Sulfation-Independent L-Selectin Ligand (SILL) and
Therapeutics Thereof

VERIFIED STATEMENT CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) and 1.27(d))--NONPROFIT ORGANIZATION

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

Name of Organization: University of South Florida

Organization Address: 4202 East Fowler Avenue - FAO 126
Tampa, Florida 33620-4962

Type of Organization:

- ☒ University or other Institution of Higher Education
- ☐ Tax exempt under Internal Revenue Service Code
(26 USC 501(a) and 501(c)(3))
- ☐ Nonprofit Scientific or Educational under Statute of State
of the United States of America State: _____
Citation of Statute: _____
- ☐ Would Qualify as Tax Exempt under Internal Revenue
Service Code (26 USC 501(a) and 501(c)(3) if located
in the United States of America State: _____
Citation of Statute: _____

I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 CFR 1.9(e) for purposes of paying reduced fees under Section 41(a) and 41(b) of Title 35, of United States Code with regard to the invention described in:

- ☒ the specification filed herewith with title listed above.
- ☐ the application identified above.
- ☐ the patent identified above.

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above identified invention.

0152.00344-0152.00344

If the rights held by the nonprofit organization are non-exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or nonprofit organization under 37 CFR 1.9(e).

* NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

NAME: University of South Florida Research Foundation, Inc.

ADDRESS: 4202 East Fowler Avenue - FAO 126

Tampa, Florida 33620-4962

☐ Individual ☒ Small Business ☐ Nonprofit Organization

NAME: _____

ADDRESS: _____

☐ Individual ☐ Small Business ☐ Nonprofit Organization

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. [37 CFR 1.28(b)]

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

Name of Person Signing: George R. Newkome, Ph.D.

Title in Organization: Vice President for Research

Address of Person Signing: 4202 East Fowler Avenue - FAO 126

Tampa, Florida 33620-4962

SIGNATURE:  Date: June 18, 1999

PATENT

Attorney's Docket Number: 0152.00344

Applicant or Patentee: Sackstein
Serial or Patent No: Filed Herewith
Filed or Issued: Filed Herewith
Title: Sulfation-Independent L-Selectin Ligand (SILL) and
Therapeutics Thereof

VERIFIED STATEMENT CLAIMING SMALL ENTITY STATUS
[37 CFR 1.9(f) and 1.27(c)]-SMALL BUSINESS CONCERN

I hereby declare that I am:

 the owner of the small business concern identified below:
 X an official of the small business concern empowered to
act on behalf of the concern identified below:

Name of Concern: University of South Florida Research Foundation, Inc.
Address of Concern: 4202 East Fowler Avenue - FAO 126
Tampa, Florida 33620-4962

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement: (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when, either directly or indirectly, one concern controls or has the power to control the other, or a third-party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention described in:

 X the specification filed herewith with title as listed above.
 the application identified above.
 the patent identified above.

If the rights held by the above-identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c), if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

* NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

Each such person, concern or organization having any rights in the invention is listed below:

☐ No such person, concern, or organization exists.

☒ Each such person, concern or organization is listed below.

NAME: University of South Florida

ADDRESS: 4202 East Fowler Avenue - FAO 126

Tampa, Florida 33620-4962

☐ Individual ☐ Small Business ☒ Nonprofit Organization

NAME: _____

ADDRESS: _____

☐ Individual ☐ Small Business ☐ Nonprofit Organization

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. [37 CFR 1.28(b)]

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

Name of Person Signing: Kenneth G. Preston

Title in Organization: Executive Director

Address of Person Signing: 4202 East Fowler Avenue - FAO 126

Tampa, Florida 33620-4962

SIGNATURE: 

Date: June 18, 1999